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nerwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the # PADEMAY Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/685,134 Application Number FEE TRANSMIT Filing Date 10/14/2003 For FY 2005 lames F. Zucherman First Named Inventor **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit **TOTAL AMOUNT OF PAYMENT** (\$) 380.00 KLYCD-05009US1 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 06-1325 Deposit Account Name: 23910 - Fliesler Meyer LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

·	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		
Application Type	<u>Fee (\$)</u> ¯	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	<u></u>

2. EXCESS CLAIM FEES **Fee Description**

Small Entity Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims 180

Total Claims Extra Claims Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee Paid (\$) 0.00Fee (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee (\$) Indep. Claims 9 - 7 or HP = 2 x 100.00 = 200.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statemen

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SUBMITTED BY Registration No. Telephone 415.362.38<u>00</u> Signature (Attorney/Agent) Name (Print/Type) Anthony G. Craig

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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